United States of America

Department of Transportation -- Hederal Abiation Administration

Supplemental Type Certificate

Number SR09215RC

This certificate issued to

Benz Airborne Systems 2400 Handley-Ederville Road Fort Worth, TX 76118

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airvoorthiness requirements of Part 27 of the Federal Aviation Regulations.

Original Product -- Type Certificate Number:

H2SW

Make:

Bell

Model:

407

Description of Type Design Change: Installation of the Benz Airborne System P/N BAS-222-125G transmission oil pressure transducer in accordance with Benz Drawing List 902-0022, dated November 30, 1998, or later FAA approved revision.

Simitations and Conditions: Benz Airborne Systems Instruction for Continued Airworthiness, Jocument No. 909-0008, original issue, dated January 9, 1999, or later FAA accepted revision is required. Compatibility of this design change with previously approved modifications must be determined by the installer. If the holder agrees to permit another person to use this certificate to alter the product, the holder shall give the other person written evidence of that permission.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: January 7, 1999

Date reissued:

Date of issuance: March 23, 1999

Date amended:



By direction of the Administrator

(Signature) Carl F. Mittag, Manager,

Rotorcraft Certification Office,

Southwest Region

(Title)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate Regional Office of the transfer of the Supplemental Type Certificate.	
The FAA will reissue the certificate in the name of the transferee and forward it to h	im.
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TRANSFER ENDORSEMENT	
Transfer the ownership of Supplemental Type Certificate Number	
to (Name of transferee)	
(Address of transferee) (Number and street)	
(Number and street)	
(City, State, and ZIP code)	
from (Name of grantor) (Print or type)	
(Address of grantor) (Number & street)	
(City, State, and ZIP code)	
Extent of Authority (if licensing agreement):	
Date of Transfer:	
Signature of granter (In ink):	
